

Claims Clues

A Publication of the AHCCCS Claims Department

April, 2004

AHCCCS Revises FFS Physician Fee Schedule

AHCCCS is revising its Fee-for-Service Physician Fee Schedule payment rates for dates of service on and after May 1, 2004.

The revision consists of two components. First, the fee schedule rates will be updated based on the Medicare 2004 Physician Fee Schedule (excluding maternity, anesthesia, dental and transportation procedure codes). Second, AHCCCS will adopt a facility/non-facility rate differential based on the Medicare 2004 Relative Value Schedule.

The facility/non-facility rate structure will assign a

reimbursement rate for a given AHCCCS covered procedure code based on the billed place of service (POS) code. The AHCCCS facility/non-facility rate differential will be consistent with the Medicare rate differential for 80 per cent of the affected procedure codes. For 20 per cent of the affected procedure codes, AHCCCS has adopted an alternate rate differential designed to address provider concerns.

AHCCCS definitions for facility and non-facility POS are the same as those established by Medicare.

The AHCCCS fee schedule and procedure modifiers, incorporating

the updates described above, will be available on the AHCCCS website, located at www.ahcccs.state.az.us. Click on the Information for Providers link to go to the Providers page.

Providers may view the entire fee schedule or groups of procedure codes. The fee schedule also is searchable by both procedure code and description. The fee schedule can be downloaded from the Web site as text or Excel files.

Providers who have questions concerning the AHCCCS fee schedule may call Victoria Burns at (602) 417-4049 or toll free at 1- 800 654-8713, Ext. 74049. □

Providers Should Use Web to Check Claim Status

Providers are asked **not** to e-mail AHCCCS with questions about the status of fee-for-service claims.

For those inquiries, providers should use the AHCCCS Online Web site application or contact the Claims Customer Service Unit.

To create a free account and begin using AHCCCS Online, providers should go to the AHCCCS Home Page at www.ahcccs.state.az.us. Click on the Information for Providers link to go to the Providers page. A link

on the Providers page allows providers to create an account.

Providers also may check claim status by contacting the Claims Customer Service Unit at:

- Phoenix area: (602) 417-7670 (Option 4)
- In state: 1-800-794-6862
- Out of state: 1-800-523-0231, Ext. 77670

The AHCCCS Claims Department has established an e-mail address that providers can use to submit questions or comments about **fee-for-service policies and**

procedures only.

Claims Department staff intends to respond to e-mails within three business days. Providers' questions and responses to those questions also will be compiled into a frequently asked questions (FAQs) section on the AHCCCS Web site.

To send an e-mail to AHCCCS Claims, visit the agency Web site at www.ahcccs.state.az.us. Click on the Information for providers link. On the Providers page, click on the "Got A Question About Claims?" link. □

Admit, Discharge Hours Not Required on Outpatient Claims

UB-92 billers are no longer required to provide the admission and discharge hours on fee-for-service outpatient claims submitted to the AHCCCS

Administration.

The admission hour (Field 18) and the discharge hour (Field 21) are required for all inpatient claims.

The on-line version of the

AHCCCS Fee-for-Service Provider Manual will be updated to include this change. Holders of paper manuals should note this change in their manuals. □

Providers Urged to Cooperate with Documentation Requests

AHCCCS has received a grant from the Centers for Medicare and Medicaid Services (CMS) to participate in the Payment Accuracy Measurement (PAM) pilot project.

AHCCCS is in the process of reviewing a sampling of fee-for-service claims paid between October 1 and December 31, 2003 and the corresponding medical documentation.

A number of AHCCCS providers have been asked to submit medical documentation to support the paid claims being reviewed for the PAM project. The documentation request is permitted disclosure under HIPAA privacy regulations. The AHCCCS Claims Department would like to thank those providers who have responded promptly to requests for documentation. Cooperation by providers will

facilitate the review process and minimize the need for multiple contacts with providers.

This project should assist AHCCCS in identification and correction of processes that lead to claims errors. This will ultimately benefit providers.

Providers who have questions or concerns regarding this project may contact Kyra Westlake at (602) 417-7946. □

Fee-for-Service Hospice Rates Adjusted

AHCCCS fee-for-service rates for hospice services have been retroactively adjusted for dates of service beginning October 1, 2003.

Rates are wage-adjusted with the

rural rate adjusted by the wage index for Mohave County. Rural counties are defined as all counties other than Maricopa, Pinal, and Pima counties.

Claims will be adjusted.

Providers who have not received an adjustment by May 31 should contact Claims Customer Service.

The table below summarizes the fee-for-service hospice rate adjustments. □

AHCCCS Fee-For-Service Hospice Payment Rates Effective 10/01/2003 (Adjusted 04/04/2004)

Revenue Code	Description	County	Adjusted Rate FY 2003 - 2004	Previous Rate FY 2003 - 2004	% Change
651	Routine Home Care	Maricopa/Pinal	\$121.65	\$121.50	0.12%
		Pima	\$113.82	\$113.67	0.13%
		Rural	\$136.32	\$136.15	0.12%
652	Continuous Home Care	Maricopa/Pinal	\$709.39	\$709.12	0.04%
		Pima	\$663.73	\$663.47	0.04%
		Rural	\$794.95	\$794.64	0.04%
655	Inpatient Respite Care	Maricopa/Pinal	\$131.51	\$124.93	5.27%
		Pima	\$124.80	\$118.56	5.26%
		Rural	\$144.08	\$136.87	5.27%
656	General Inpatient Care	Maricopa/Pinal	\$539.44	\$539.44	n/c
		Pima	\$507.02	\$507.02	n/c
		Rural	\$600.16	\$600.16	n/c

Paper Claims Must Be Sent to Correct P.O. Box

Providers should ensure that paper fee-for-service claims are mailed to the AHCCCS Claims Department Post Office box so that processing of the claims is not delayed.

All paper claims should be

mailed to:

AHCCCS Claims

P.O. Box 1700

Phoenix, AZ 85002-1700

The AHCCCS Administration recently received some claims addressed to P.O. Box 25399. This

Post Office box should be used **only** when submitting the Automated Clearing House (ACH) Vendor Authorization Form. All mail sent to this Post Office box is given to the AHCCCS Finance Department. □

Electronic Claims Submitters Should Not Send Paper Claim with Requested Documentation

When a provider files a fee-for-service claim to AHCCCS electronically, the AHCCCS Claims System automatically generates a letter to the provider if documentation is needed to process that claim.

The letter requests only the specific type of document(s) needed and contains the AHCCCS Claim Reference Number (CRN) assigned to that claim. The provider must attach the documentation to

that letter or write the CRN on the first page of the documents and submit just these items to AHCCCS within 30 days from the date of the letter. If the provider does not meet this deadline, the claim is automatically denied.

Some providers are submitting a paper claim with the requested documents and writing the original CRN on the paper UB-92 or CMS 1500. This delays processing of the claim, as paper claims must be

data-entered into the AHCCCS Claims System.

The original CRN has identified that claim as electronically submitted and will continue to generate letters and automatically deny the claim after 30 days from the claim receipt date.

AHCCCS is working on a system correction, but until that is implemented, providers must follow the steps described in the second paragraph. □

Electronic Reimbursement Tops \$5 Million

AHCCCS transmitted \$5.2 million in electronic payments to providers in the most recent fee-for-service payment cycle.

The new payment option processes payments using the Automated Clearing House (ACH) rather than issuing checks to providers. The ACH payment method enables providers to receive reimbursement more quickly.

The Arizona Clearing House Association (ACHA) processes electronic payments directly to the provider's bank account through Bank of America, which functions as the state servicing bank. BofA will make the electronic payment available to a provider's account

one business day after the date AHCCCS transmits the ACH payments file to BofA.

The ACH process offers several benefits to providers, including:

- Immediate availability of funds
- Fully traceable payments
- Elimination of mail and deposit delays
- Elimination of lost, stolen, or misplaced checks

To begin receiving ACH payments, a provider must complete Sections 2 and 3 of the ACH Vendor Authorization form. The form is available on the AHCCCS Web site at www.ahcccs.state.az.us.

Click on the Providers link on the home page. A link to the form is on

the Providers page.

The provider's financial institution must complete Section 4 of the form. Submit the form to:

AHCCCS Finance Department
Mail Drop 5400
P. O. Box 25399
Phoenix, AZ 85002

AHCCCS will process its normal weekly fee-for-service payment cycle and transmit the ACH payment data to BofA, which will transmit the information to ACHA.

On the settlement date of the electronic payment, the provider's financial institution will credit the provider's individual account.

Providers who have questions should call (602) 417-4052 or (602) 417-4543. □

AHCCCS Approves New Blood Lead Screening Procedure

AHCCCS has become aware of new technology for blood lead screening which is less invasive than the current venipuncture method of testing.

The process utilizes filter paper testing with samples obtained from a finger stick. Research by AHCCCS

staff into its use in other states indicated overall satisfaction and a positive view of the technology.

AHCCCS will accept fee-for-service claims for blood lead screening (CPT code 83655) and will apply a provider-specific capped fee of \$10. At this time, MedTox Laboratories is the only

provider to have approached the agency regarding the new process.

AHCCCS also has encouraged MedTox to work with AHCCCS-contracted health plans.

Information about the procedure can be obtained by contacting Varen Herman, MedTox clinical sales manager, at 877-838-7189. □

Revised EPSDT Tracking Forms Available on Web

AHCCCS has revised and updated the mandated EPSDT Tracking Forms for documentation of well child visits for recipients up to age 21.

The revised forms are available in the on-line *AHCCCS Medical Policy Manual (AMPM)* on the

AHCCCS website at www.ahcccs.state.az.us. Click on the Information for Providers link to go to the Providers page. On the Providers page, scroll down to the Additional Information section to find the link to the *AMPM*.

AHCCCS contractors have been

advised to use their current supply of tracking forms before beginning use of the revised forms.

Providers who have questions or concerns regarding the forms should contact Kathleen M. Stribny, RN, EPSDT Coordinator, at (602) 417-4443. ☐

Rate for H0031 Increases; Coverage of H2000 to End

The AHCCCS fee-for-service rate for H0031 - Mental health assessment, by non-physician, has increased to \$42.00 per 30 minutes effective with claims for dates of service on and

after April 15, 2004. The former rate was \$29.50.

In a related change, AHCCCS will discontinue coverage of code H2000 - Comprehensive multidisciplinary evaluation

effective with claims for dates of service on or after June 1, 2004.

Providers who currently bill code H2000 should bill using code H0031. ☐

IHS Facilities Must Use Web, IVR to Verify Eligibility

Indian Health Service (IHS) facilities no longer have direct access to the AHCCCS system to check recipient eligibility and enrollment.

The Health Insurance Portability and Accountability Act (HIPAA) privacy regulations prohibit AHCCCS from allowing providers direct access to the AHCCCS

system.

IHS providers can verify recipient eligibility and enrollment using the AHCCCS Online Web application. To create a free account and begin using the application, providers should go to the AHCCCS Home Page at www.ahcccs.state.az.us. Click on the Information for Providers link

to go to the Providers page. A link on the Providers page allows providers to create an account.

IHS providers also may use the Interactive Voice Response system (IVR) to verify eligibility and enrollment.

Providers may call IVR at: Phoenix: (602) 417-7200

All others: 1-800-331-5090 ☐

Routine, Diagnostic Prenatal Service Not Covered for FES

Routine prenatal care, including routine or diagnostic prenatal services, are not covered for Federal Emergency Services (FES) recipients.

FES recipients are eligible for emergency medical services and delivery services only.

All claims for services provided to recipients eligible under the FES program are reviewed by the

AHCCCS Administration on a case-by-case basis.

Claims must be submitted with documentation that supports the emergent nature of the services provided. ☐

Provider Registration Materials Available on Web

All AHCCCS Provider Registration materials are now available on the AHCCCS Web site at

www.ahcccs.state.az.us.

Click on the Information for Providers link on the AHCCCS home page. Scroll down to the

Provider Registration section.

All documents are in PDF format. They must be printed and completed offline. ☐